

**CITY OF SOUTH BEND - SOUTH BEND POLICE DEPARTMENT
ACCESS TO PUBLIC RECORDS REQUEST**

NAME OF REQUESTING PARTY _____

ADDRESS OF REQUESTING PARTY _____

PHONE NUMBER _____ DATE OF REQUEST _____ TIME _____

SIGNATURE OF REQUESTING PARTY _____

INFORMATION REQUESTED: **(Please be specific. Use back of this form if additional space is needed.)**

Requesting party requests _____ to inspect or _____ to buy copies (Check One) of the information being requested.

DEPARTMENT HAVING INFORMATION REQUESTED (If known): _____

**ALL DECISIONS AS TO DISCLOSABILITY MUST BE MADE AND THE REQUESTING PARTY
ADVISED OF SAME WITHIN 24 HOURS AFTER THE REQUEST IS RECEIVED.**

INTER OFFICE USE ONLY

Employee Handling Request: _____

Open Case: Yes _____ No _____ N/A _____

DECISION BY CITY ATTORNEY'S OFFICE:

INFORMATION DISCLOSABLE: _____

INFORMATION NONDISCLOSABLE: _____

ATTORNEY COMMENTS: _____

SIGNATURE OF CITY ATTORNEY: _____

DATE OF DECISION: _____

Informed Requesting Party that information is:

_____ DISCRETIONARY DISCLOSURE _____ NONDISCLOSABLE

Date: _____ Signature: _____